



**POWER OF ATTORNEY
BY ASSIGNEE**

Attorney Docket	GUID-006CON3
First Named Inventor	Taylor, Charles S.
Application Number	09/385,812
Confirmation Number	Unassigned
Filing Date	August 30, 1999
Examiner Name	W. Lewis
Title: Access Platform for Internal Mammary Dissection	

Cardiothoracic Systems, Inc., assignee of the above-identified application by assignment dated February 4, 2003, hereby revoke all previous powers and appoint:

Name	Registration No.	Name	Registration No.
Alan W. Cannon	34,977		
Ronald D. Devore	39,958		

as its attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

DIRECT ALL CORRESPONDENCE TO:


Individual Name	Alan W. Cannon, Reg. No. 34,977		
Firm Name	LAW OFFICE OF ALAN W. CANNON		
Address	834 South Wolfe Road		
City, State, Zip	Sunnyvale, California 94086		
Country	U.S.A.		
Telephone	(408) 736-3554	Facsimile	(408) 736-3564

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SIGNATURE of Assignee of Record

In accordance with 37 CFR §3.73(b) I hereby certify that I am empowered to act on behalf of the Assignee of the above-identified patent application. The Assignment was filed with the U.S. Patent Office on **February 4, 2003**.

I declare that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code §1001 and that such willful false statements may jeopardize the validity of the above referenced application or any patent resulting from that application.

Name and Company	Ronald D. Devore; Cardiothoracic Systems, Inc.		
Title	Assistant Secretary		
Signature		Date	March 11, 2003



**REVOCATION OF POWER
OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Attorney Docket	GUID-006CON3
First Named Inventor	Taylor, Charles S.
Application Number	09/385,812
Confirmation Number	Unassigned
Filing Date	August 30, 1999
Art Unit	3731
Examiner Name	W. Lewis
Title	Access Platform for Internal Mammary Dissection

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

AND

☒ Please change the correspondence address for the above-identified application to:

Individual Name	Alan W. Cannon		
Firm Name	Law Office of Alan W. Cannon		
Address	834 South Wolfe Road		
City, State, Zip	Sunnyvale, California 94086		
Country	U.S.A.		
Telephone	(408) 736-3554	Facsimile	(408) 736-3564

I am the:

- ☐ Applicant; or
☒ Assignee of record of the entire interest
(Certificate under 37 CFR 3.73(b) is enclosed.)

SIGNATURE of Applicant or Assignee of Record

Name	Ronald D. Devore
Signature	
Date	March 14, 2003

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Atty: AWC/mjs

File No. GUID-006CON3

Date Mailed: March 13, 2003

Application No.: 09/385,812

Filing Date: August 30, 1999

Inventor(s): Taylor, Charles S. et al.

Title: "Access Platform for Internal Mammary Dissection"

Enclosures:

Non Fee Transmittal (1 page)

Signed Revocation of Power of Attorney (1 page)

Signed Power of Attorney/Statement under 37 C.F.R. 3.73(b) (1 page)



Acknowledge Receipt of enclosures
By imprinting PTO Date Stamp
and Returning to addressee

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